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	SCHEDULING OF CONTROLLED SUBSTANCES
	2010 GENERAL SESSION
	STATE OF UTAH
L	ONG TITLE
G	eneral Description:
	This bill modifies provisions regarding controlled substances by creating a committee
	to advise the Legislature on the scheduling of substances.
Hi	ighlighted Provisions:
	This bill:
	<ul> <li>creates the Controlled Substances Advisory Committee;</li> </ul>
	<ul><li>establishes the membership of the committee;</li></ul>
	• creates the role of the committee as an advisory body regarding placing substances
	in the statutory schedule of controlled substances, changing the schedule of a
	substance, or removing a substance from the schedules; and
	<ul> <li>provides guidelines for determining if a substance should be scheduled and in which</li> </ul>
	schedule to place a substance.
M	onies Appropriated in this Bill:
	None
O	ther Special Clauses:
	None
U1	tah Code Sections Affected:
EN	NACTS:
	<b>58-38a-101</b> , Utah Code Annotated 1953
	<b>58-38a-102</b> , Utah Code Annotated 1953
	<b>58-38a-201</b> , Utah Code Annotated 1953
	<b>58-38a-202</b> , Utah Code Annotated 1953
	<b>58-38a-203</b> , Utah Code Annotated 1953
	<b>58-38a-204</b> , Utah Code Annotated 1953

Section 1. Section **58-38a-101** is enacted to read:

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33	CHAPTER 38a. CONTROLLED SUBSTANCES ADVISORY COMMITTEE ACT
34	Part 1. General Provisions
35	<u>58-38a-101.</u> Title.
36	This chapter is referred to as the "Controlled Substances Advisory Committee Act."
37	Section 2. Section <b>58-38a-102</b> is enacted to read:
38	<u>58-38a-102.</u> Definitions.
39	(1) "Committee" means the Controlled Substances Advisory Committee created in this
40	chapter.
41	(2) "Controlled substance schedule" or "schedule" means a schedule as defined under
42	Section 58-37-4.
43	Section 3. Section <b>58-38a-201</b> is enacted to read:
44	Part 2. Controlled Substances Advisory Committee
45	58-38a-201. Controlled Substances Advisory Committee.
46	There is created within the Division of Occupational and Professional Licensing the
47	Controlled Substances Advisory Committee. The committee consists of:
48	(1) The Director of the Department of Health or the director's designee;
49	(2) the State Medical Examiner or the examiner's designee;
50	(3) the Commissioner of the Department of Public Safety or the commissioner's
51	designee;
52	(4) one physician who is a member of the Physicians Licensing Board and is
53	designated by that board;
54	(5) one pharmacist who is a member of the Utah State Board of Pharmacy and is
55	designated by that board;
56	(6) one dentist who is a member of the Dentist and Dental Hygienist Licensing Board
57	and is designated by that board;
58	(7) one physician who is currently licensed and practicing in the state, to be appointed
59	by the governor;
60	(8) one psychiatrist who is currently licensed and practicing in the state, to be
61	appointed by the governor;
62	(9) one individual with expertise in substance abuse addiction, to be appointed by
63	governor;

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64	(10) one representative from the Statewide Association of Prosecutors; and
65	(11) one citizen of the state, to be appointed by the governor.
66	Section 4. Section <b>58-38a-202</b> is enacted to read:
67	58-38a-202. Terms of Committee Service.
68	(1) (a) Members of the advisory committee shall serve terms of four years, except that
69	the members under Subsections 58-38a-201(1), (2), and (3) shall serve during their terms as
70	appointed officials.
71	(b) Vacancies in the committee occurring otherwise than by the expiration of a term
72	shall be filled for the unexpired term in the same manner as original appointments.
73	(2) A member may not receive compensation or benefits for the member's service, but
74	may receive per diem and travel expenses in accordance with:
75	(a) Section 63A-3-106;
76	(b) Section 63A-3-107; and
77	(c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and
78	<u>63A-3-107.</u>
79	(3) (a) The director of the Department of Health, or the director's designee, is the chair
80	of the committee.
81	(b) The advisory committee meets at the call of the chair or at the call of a majority of
82	the committee members.
83	(c) The advisory committee meets annually and more often as required to carry out its
84	duties under this chapter.
85	(d) Six members of the advisory committee constitute a quorum.
86	(e) Action by the committee requires a majority vote of a quorum.
87	Section 5. Section 58-38a-203 is enacted to read:
88	58-38a-203. Duties of the committee.
89	(1) The committee serves as a consultative and advisory body to the Legislature
90	regarding:
91	(a) the movement of a controlled substance from one schedule to another;
92	(b) the removal of a controlled substance from any schedule; and
93	(c) the designation of a substance as a controlled substance and the placement of the
94	substance in a designated schedule.

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95	(2) On or before September 30 of each year, the committee shall submit to the Health
96	and Human Services Interim Committee a written report:
97	(a) listing any substances recommended by the committee for scheduling, rescheduling
98	or deletion from the schedules by the Legislature; and
99	(b) stating the reasons for the recommendation.
100	(3) In advising the Legislature regarding the need to add, delete, or reschedule a
101	substance, the committee shall consider:
102	(a) the actual or probable abuse of the substance, including:
103	(i) the history and current pattern of abuse both in Utah and in other states;
104	(ii) the scope, duration, and significance of abuse;
105	(iii) the degree of actual or probable detriment to public health which may result from
106	abuse of the substance;
107	(iv) the probable physical and social impact of widespread abuse of the substance;
108	(b) the biomedical hazard of the substance, including:
109	(i) its pharmacology, including the effects and modifiers of the effects of the substance
110	(ii) its toxicology, acute and chronic toxicity, interaction with other substances,
111	whether controlled or not, and the degree to which it may cause psychological or physiological
112	dependence; and
113	(iii) the risk to public health and the particular susceptibility of segments of the
114	population;
115	(c) whether the substance is an immediate precursor, as defined in Section 58-37-2, of
116	a substance that is currently a controlled substance;
117	(d) the current state of scientific knowledge regarding the substance, including whether
118	there is any acceptable means to safely use the substance under medical supervision;
119	(e) the relationship between the use of the substance and criminal activity, including
120	whether:
121	(i) persons engaged in illicit trafficking of the substance are also engaged in other
122	criminal activity;
123	(ii) the nature and relative profitability of manufacturing or delivering the substance
124	encourages illicit trafficking in the substance;
125	(iii) the commission of other crimes is one of the recognized effects of abuse of the

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126	substance;
127	(iv) addiction to the substance relates to the commission of crimes to facilitate the
128	continued use of the substance.
129	(f) whether the substance has been scheduled by other states; and
130	(g) whether the substance has any accepted medical use in treatment in the United
131	States.
132	(4) The committee's duties under this chapter do not include tobacco products as
133	defined in Section 49-14-2 or alcoholic beverages as defined in Section 32A-1-105.
134	Section 6. Section <b>58-38a-204</b> is enacted to read:
135	58-38a-204. Guidelines for scheduling drugs.
136	(1) (a) The committee shall recommend placement of a substance in Schedule I if it
137	finds that the substance:
138	(i) has high potential for abuse; and
139	(ii) an accepted standard has not been established for safe use in treatment for medical
140	purposes.
141	(b) The committee may recommend placement of a substance in Schedule I under
142	Section 58-37-4 if it finds that the substance is classified as a controlled substance in Schedule
143	<u>I under federal law.</u>
144	(2) (a) The committee shall recommend placement of a substance in Schedule II if it
145	finds that:
146	(i) the substance has high potential for abuse;
147	(ii) the substance has a currently accepted medical use in treatment in the United
148	States, or a currently accepted medical use subject to severe restrictions; and
149	(iii) the abuse of the substance may lead to severe psychological or physiological
150	dependence.
151	(b) The committee may recommend placement of a substance in Schedule II if it finds
152	that the substance is classified as a controlled substance in Schedule II under federal law.
153	(3) (a) The committee shall recommend placement of a substance in Schedule III if it
154	finds that:
155	(i) the substance has a potential for abuse that is less than the potential for substances
156	listed in Schedules I and II:

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157	(ii) the substance has a currently accepted medical use in treatment in the United
158	States; and
159	(iii) abuse of the substance may lead to moderate or low physiological dependence or
160	high psychological dependence.
161	(b) The committee may recommend placement of a substance in Schedule III if it finds
162	that the substance is classified as a controlled substance in Schedule III under federal law.
163	(4) (a) The committee shall recommend placement of a substance in Schedule IV if it
164	finds that:
165	(i) the substance has a low potential for abuse relative to substances in Schedule III;
166	(ii) the substance has currently accepted medical use in treatment in the United States;
167	<u>and</u>
168	(iii) abuse of the substance may lead to limited physiological dependence or
169	psychological dependence relative to the substances in Schedule III.
170	(b) The committee may recommend placement of a substance in Schedule IV if it finds
171	that the substance is classified as a controlled substance in Schedule IV under federal law.
172	(5) (a) The committee shall recommend placement of a substance in Schedule V if it
173	finds that:
174	(i) the substance has low potential for abuse relative to the controlled substances listed
175	in Schedule IV;
176	(ii) the substance has currently accepted medical use in treatment in the United States;
177	<u>and</u>
178	(iii) the substance has limited physiological dependence or psychological dependence
179	liability relative to the controlled substances listed in Schedule IV.
180	(b) The committee may recommend placement of a substance in Schedule V under this
181	chapter if it finds that the substance is classified as a controlled substance in Schedule V under
182	federal law.